Recontouring (Odontoplasty)

Recontouring or reshaping the teeth (also called odontoplasty, enameloplasty, stripping, or slenderizing) is a procedure in which small amounts of tooth enamel are removed to change a tooth’s length, shape, or surface.

Recontouring is the most conservative cosmetic treatment. It is a quick and painless procedure whose results can be seen immediately.

Recontouring is an effective method to correct minor imperfections, such as:

- Fixing small chips
- Smoothing out bulges or pits in a tooth’s enamel
- Adjusting slight irregular tooth shapes caused by too many or uneven teeth
- Adjusting the length of the canines (the pointed teeth on the side of your mouth)

Recontouring can also improve overall dental health by removing crevices or overlaps between teeth in which plaque or tartar can accumulate.

**Risks:**
Because enamel cannot be replaced, recontouring should be carefully considered. The only risk involves the thickness of the enamel. If the enamel of the tooth that has been recontoured becomes too thin or exposes the dentin layer (the layer beneath the enamel), tooth sensitivity to heat, cold, and sweets may occur. This could result in needing root canal therapy and crown.

I have been provided with this information and consent form so I may better understand the treatment I have requested. I was provided with enough information, and I understand, and have made a well-informed decision regarding my proposed treatment.

I understand that this is considered a strictly cosmetic procedure that insurance does not cover and that the full amount will be due from me today.

My signature below signifies that I understand the treatment and anesthesia that is proposed for me, together with the known risks and complications associated with that treatment. I hereby give my consent for the treatment Dr. Mitchell and I have chosen.

Printed Name: ________________________________________________ Tooth #: _______________________

SIGNATURE: __________________________________________________ DATE: _________________________